



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/ Virginia Dill & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Lora Blackwell / Arlene Jones		
(If applicable) Department Reference #:		PATH- SFY22		
Amount: (Contract/Amendment/Grant)		\$ 1,762,378.00	Advantage CT / RQS #:	Multiple- See Attached
CONTRACT	Proposed Start Date:	1/1/22	Proposed End Date:	12/31/22
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		MULTIPLE- See Attached		
Brief Description of Goods/Services/Grant:		Projects for Assistance in Transition from Homelessness (PATH)		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The PATH service provides outreach, engagement and connection to mainstream services for homeless individuals with serious mental illness (SMI) or co-occurring SMI and Substance Use Disorders (SUD). This service provides the staffing to go out and find people living outside, who are disconnected from Mainstream services such as case management. The PATH Navigators engage with individuals and get them connected to service, housing referrals, financial and medical resources.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The Department put this service out to RFP 201810197 receiving one NOI. The RFP was cancelled. The Department split the award among three (3) providers since no single provider had capacity to serve the entire State.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The project is partially funded through a federal grant that requires a match by the Grantee. The contract is cost settled with invoicing. The initial budget has been negotiated with the office and approved by the Department.

4. Describe the plan for future competition for the goods or services.

The Department intends to competitively procure this service for a contract start date of January 1, 2023.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

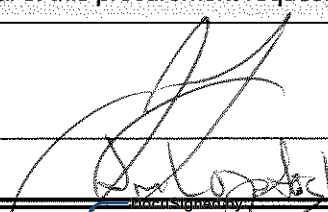
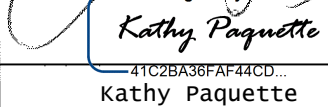
Does this request utilize ARPA/MJRP funds?

☐ Yes – If Yes, please attach the approved Business Case(s).

☒ No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kathy Paquette	Date:	11-Feb-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	3/1/2022

DHHS Office: OBH			
Service: PATH – SFY22			
Start Date: 1/1/2022			
Vendor/Provider Name, City & State	Contract (CT) Number	DHHS Agreement #	Total Contract Amount
Kennebec Behavioral Health Waterville, ME	CT 10A 20220120000000001710	MH4-22-1013	\$619,226.00
The Opportunity Alliance South Portland, ME	CT 10A 20220120000000001711	MH4-22-1014	\$563,152.00
Community Health & Counselling Services Bangor, ME	CT 10A 20220120000000001712	MH4-22-1015	\$580,000.00
	Totals:		\$1,762,378.00